CONFIDENTI	AL MC-060
ATTORNEY (Name, state bar number, and address):	FOR COURT USE ONLY
TELEPHONE NO.: FAX NO. (Optional):	
E-MAIL ADDRESS (Optional):	
ATTORNEY FOR: PLAINTIFF OTHER (specify):	
	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF	
STREET ADDRESS:	
MAILING ADDRESS:	
CITY AND ZIP CODE:	
BRANCH NAME:	
PLAINTIFF: [UNDER SEAL]	
DEFENDANT: [UNDER SEAL]	
	CASE NUMBER:
CONFIDENTIAL COVER SHEET-FALSE CLAIMS AC	TION
INSTRUCTIONS: This civil action is brought under the False	Claims Act, Seal to expire on (date):
Government Code section 12650 et seq. The documents filed	in this case
are under seal and are confidential pursuant to Government	
12652(c).	(1) Motion to extend time is
This Confidential Cover Cheet must be officed to the continu	pending; or
This Confidential Cover Sheet must be affixed to the caption complaint and to any other paper filed in this case until the s	
complaint and to any other paper med in this case until the s	ear is inted.
You should check with the court to determine whether paper	s filed in False
Claims Act cases must be filed at a particular location.	
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The document to which this cover sheet is affixed is:	
a. Complaint for damages for violation of the False Claims Act	
b. Civil Case Cover Sheet (form 982.2(b)(1))	
c. Motion for an extension of time to intervene	
d. Affidavit or other document in support of the motion for an extension	ension of time
e. Order extending time to intervene (specify date order expires)	
f. Other order (describe):	
g. Notice from the Attorney General of additional prosecuting aut	hority that may have access to the file
h. Other (describe):	

2. This Confidential Cover Sheet and the attached document must each be separately file-stamped by the clerk of the court.

Date:

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